

**HOLLEY WRESTLING CLUB  
TOURNAMENT  
Saturday, March 15, 2014  
NO PRE REGISTRATION**

**DATE:**

NHSCA Insurance will be provided

**PLACE:** Holley Elementary School, 3800 North Main Street, Holley, NY 14470.

**AGE:** Day of tournament. Proof may be required.

**RULES:** NYS High School rules. Double elimination Sudden victory overtime-1:00, then one ride out.

**CLINIC:** **There will be a free technique clinic at 8:30am by former Holley standout wrestlers.**

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**WEIGH-IN OPTIONS:** Friday, March 14th, 6:00 – 6:30pm – Any age division  
Saturday, March 15th, 7:30-8:30am – 5 years old - 12 years old age groups  
Saturday, March 15th, 11:30-12:00pm – 13 years old – High School age groups

**No weight Classes-GROUPED WEIGHTS IN EACH AGE DIVISION-8 man brackets or 3, 4, 5 man round robins**

*5 & 6 years Bouts: 1 1/2 - 1 1/2	*11 & 12 years Bouts: 2 - 2
*7 & 8 years Bouts: 1 1/2 - 1 1/2	*13 & 14 years (& under 9 <sup>th</sup> grade) Bouts: 2 - 2
*9 & 10 years Bouts: 1 1/2 – 1 1/2	*Grades 9 – 12 (Selective Classification may wrestle here) Bout: 2 - 2

**TOURNAMENT OFFICIALS RESERVE THE RIGHT TO ALTER OR COMBINE WEIGHT CLASSES WHEN BETTER COMPETITION WILL RESULT.**

**WRESTLING BEGINS: As soon as possible after the group completes weigh-ins.**

**THERE WILL BE A SKIN CHECK FOR RASHES. IF IN DOUBT, BRING A NOTE FROM YOUR DOCTOR.**

**OFFICIALS:** Certified NYS officials at each mat, if possible.

**AWARDS:** Trophies 1<sup>st</sup> & 2<sup>nd</sup> Medals 3<sup>rd</sup> Ribbons 4<sup>th</sup>

**FOOD:** Concession stand will be open all day. **Please support our concession stand by not bringing in coolers of food and beverages.**

**ENTRY FEE:** \$25.00 at the door. Register at weigh-ins.

**SPECTATOR FEE:** There will be NO spectator fee!

**(Once you pay and enter the tournament, no refunds are given)**

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**WAIVER OF LIABILITY**

In consideration of this entry being accepted, I hereby, for my child and myself, waive and release all rights and claims for damages I may have against the Holley Wrestling Club, Holley Central School District, coaches, officials, its agent representative, successors, or anyone affiliated with this tournament for any accidents, injuries, or misfortunes that may occur during the said tournament suffered by my child or myself. I also have my own insurance.

WRESTLER'S NAME \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_

Street \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_

WRESTLER'S SIGNATURE \_\_\_\_\_ HONORS/RECORD \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ GRADE \_\_\_\_\_

CLUB OR SCHOOL \_\_\_\_\_ YEARS EXPERIENCE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ DIVISION \_\_\_\_\_

(OFFICIAL USE ONLY) \*\*\*\*\*

**SCRATCH WEIGHT AT WEIGH-INS** \_\_\_\_\_

**AGE DIVISION** \_\_\_\_\_

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